|   |  |   |                       |                                 |             |                  |            | Application or Docket Number |                        |          |                            |                        |  |
|---|--|---|-----------------------|---------------------------------|-------------|------------------|------------|------------------------------|------------------------|----------|----------------------------|------------------------|--|
|   | PATENT   | RD  |                       |                                 |             |                  |            |                              |                        |          |                            |                        |  |
| Effective October 1, 2001   |  |   |                       |                                 |             |                  |            |                              | 10035557               |          |                            |                        |  |
|   |  | CLAIMS A                                  | (Column 1) (C         |                                 |             |                  |            | SMALL ENTITY                 |                        | OR       | OTHER THE                  |                        |  |
| TOTAL CLAIMS  |  |   | 1                     |                                 |             |                  |            | RATE                         | FEE                    | 7        | RATE                       | FEE                    |  |
| FOR   |  |   | NLAGBER FILED         |                                 | MAGER EXTRA |                  |            | LASIC FE                     | +                      |          | BASIC FEE                  |                        |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 7 - minus 20=         |                                 | • -         |                  |            | X\$ 9=                       | 1                      | OR       | 200.00                     | 7-0.00                 |  |
| INDEPENDENT CLAIMS  |  |   | // minus 3 =          |                                 | -           |                  |            | X42•                         |                        | OR       | Y04                        |                        |  |
| MULTIPLE DEPENDENT CLAIM P  |  |   | RESENT                |                                 |             |                  | •          |                              | <del> </del>           | 104      |                            |                        |  |
| "If the difference in column 1 is less than zero, enter "0" in column 2                       |  |   |                       |                                 |             |                  | L          | +140=                        | <del> </del>           | OR       |                            |                        |  |
| CLAIMS AS AMENDED - PART H  |  |   |                       |                                 |             |                  |            | TOTAL                        | 370                    | JOR      |                            |                        |  |
|   |  | (Column 1)                                | (Column 2) (Column 3) |                                 |             |                  |            | SMALL ENTITY OR              |                        |          | OTHER THAN<br>SMALL ENTITY |                        |  |
| ENT A.  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENOMENT |                       | PAID                            | BER         | PRESENT<br>EXTRA |            | RATE                         | ADDI-<br>TIONAL<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| ENDMENT   | Total  | . 20                                      | Minus                 | - 2                             | 20          | -                |            | <b>×</b> 59-                 |                        | OR       | X\$18=                     |                        |  |
| AME   | Independent  | NTATION OF M                              | Minus<br>HTIOLE DE    | enuent                          | 3           | - (              |            | XX.                          | 50                     | OR       | X84=                       |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                       |                                 |             |                  | <b>'</b> [ | +140=                        |                        | OR       | +280 <del>=</del>          |                        |  |
|   |  |   |                       |                                 |             |                  |            | YOTAL                        | - 1                    | OR       | TOTAL<br>ADOIT, FEE        |                        |  |
|   | 2.54   | 2 (Column 1)                              | ·                     | (Colum                          |             | (Column 3)       |            |                              |                        |          |                            |                        |  |
| MENDMENT 6  |  | CLAIMS<br>REMAINING                       |                       | MIGH                            |             | PRESENT          | Г          |                              | ADDI-                  | -        |                            | ADD4                   |  |
|   |  | AFTER AMENDMENT                           |                       | PREVIO                          |             | ECTRA            |            | RATE                         | TIONAL<br>FEE          |          | RATE                       | TIONAL                 |  |
| NON   | Total  | . <i>y</i>                                | Minus                 | ••                              | 20          | •                |            | X\$ 9=                       |                        | OR       | X\$18=                     |                        |  |
| AME   | Independent  | • /                                       | Minus<br>HTDN E DES   | ENDENT                          | 7           | -                | I          | XA2=                         |                        | OR       | X84=                       |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                       |                                 |             |                  |            | +140=                        |                        | OR       | +280=                      |                        |  |
|   | . 1 1  |   |                       | •                               | •           |                  | <b>-</b>   | TOTAL                        |                        | OR       | YOTAL<br>ADOIT, FEE        |                        |  |
|   | 6/19/06  |   |                       |                                 | • '         |                  |            |                              |                        |          |                            |                        |  |
| ENTC  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | HIGH<br>NUM<br>PREVIO<br>PAID 1 | BER         | PRESENT<br>EXTRA |            | rate                         | ADDI-<br>TIONAL<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| <b>AMENDMENT</b>  | Total  | • 14                                      | Minus                 |                                 | .0          | • -              |            | X\$ 9=                       |                        | OR       | X\$18=                     |                        |  |
| AME   | Independent  | • 2                                       | Minus                 | (                               | 1           | • —              |            | X42=                         |                        | OR       | X84=                       |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                       |                                 |             |                  |            |                              |                        | OR       | +280=                      |                        |  |
|   | * If the entry in column 1 is less then the entry in column 2, write "If in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |   |                       |                                 |             |                  |            |                              |                        | OR       | TOTAL                      |                        |  |
| The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT, FEE |  |   |                       |                                 |             |                  |            |                              |                        |          |                            |                        |  |
|   | The "Highest Nut   | wer Providusty Pal                        | s For (Tatal or       | waspende                        | mQ të The   | ngnesi numbe     | TOUN       | s en the Ap                  | brobuste por           | t in col | urng 1,                    |                        |  |
| -   | 21042 A- 4   |   |                       |                                 |             |                  |            | and Trade                    | mert Office, LL        | 3 664    | ANTWENT OF                 |                        |  |